

London Cancer Upper GI (OG) Tumour Pathway Board Annual Report 2016-17

Introduction

London Cancer incorporates the geographical areas of North Central and East London and West Essex with a population of 3.7 million.

London Cancer became part of the newly formed UCLH Cancer Collaborative in September 2016.

The Upper GI (OG) Tumour Pathway Board is a cancer care specific board led by a Tumour Pathway Director. Its membership includes representation from cancer professionals across the region and active participation from primary care and from patients.



The role of these pathway boards is to improve cancer care for patients, delivering an integrated care pathway that extends from presentation and diagnosis through to palliative care and living with and beyond cancer.

“The reconfiguration of OG cancer surgery at UCLH has been a major achievement and I would like to thank the clinical teams from BH and UCLH, particularly the surgeons who are working together to make this a success. We look forward to achieving better surgical outcomes by the use of prehabilitation programs. Improving timed pathways and adoption of protocolised treatment will lead to improvements in Cancer Waiting Times. A number of immunotherapy trials are now recruiting patients, with the promise of improvements in long term outcomes”.

Achievements this year

2016/17 has seen the Upper GI (OG) Tumour Pathway Board become part of the newly formed UCLH Cancer Collaborative, part of the national Cancer Vanguard as part of the New Care Models programme of NHS England. This has allowed the board to work collaboratively with our Vanguard partners in Manchester and London on developing a new best practice timed pathway for OG patients.

This year has been our first full year after the reconfiguration of OG cancer surgery at UCLH. Our focus has been to ensure and maintain the success of this reconfiguration.

- 93 oesophago-gastric cancer resections and 14 benign-complex operations were performed during 2016, the first full year of the newly reconfigured service. Surgical outcomes have been excellent and will be published later this year in the Clinical Outcomes Publication.
- The service has received excellent feedback on training opportunities and surgeons within the team have been able to learn new techniques improving surgical outcomes for patients.
- The service this year has been involved in a number of research projects including the VOC diagnostic study, a ‘rule out’ breath test for oesophageal cancer, LASER (lasting symptoms after esophageal

resection) study and is taking part in the genomics of gastric cancer study as part of the 100,000 genomics project.

- A focus of the pathway board this year has also been on improving the MDT process across the network. Following on from the UCLH Cancer Collaborative MDT Improvement report, published in April 2017 the OG sMDT at UCLH has begun piloting some of the recommendations from the report. This involves pre ‘triage’ meetings for the MDT, this aims to streamline patient discussion and ensure more time is made available to discuss ‘complex’ patient cases.

Patient representation

Our patient representatives have continued to be a vital part of each pathway board meeting this year. They also allow the board to reach out to wider patient groups within our network. This allows the board to hear feedback from a wide range of patients which influence the work plans and priorities of the board.

Future plans

Our work plan for is outlined below 2017/18.

No	Objective	Owner	By
1	To continue to investigate ways of improving Dietetic support for patients across the network. This includes further investigation into digital support.	AD/MM	ON GOING
2	To support public awareness campaigns that happen through local providers, patient groups and also linking into national initiatives.	ALL	March 2018
3	Support SMDT and LMDTs across London Cancer to implement the relevant recommendations that came out of the <i>London Cancer</i> MDT Improvement report.	MM/JG	On GOING
4	Review and updating of all OG clinical guidelines	MM/JG	Dec 2017
5	Improve compliancy with the 62 day cancer waiting times target. <ul style="list-style-type: none"> ○ MDT Improvement. ○ ‘Deep Dive’ into network wide RCAs 	MM/JG	Dec 2017
6	Completing the Gateway 5 assurance document for the reconfiguration of surgical treatment at UCLH	MM/JG	June 2017

Acknowledgements

We would like to thank all the members of the Upper GI (OG) Tumour Pathway Board for contributing their time to Tumour Pathway Board meetings and projects outside the meeting.

Particular thanks to our patient representative(s) Brian Hill and David Holden who have generously given up their time to contribute.